



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent application of:)
Robert M. Davis) Confirmation No.: 7918
Serial No.: 10/044,222) Group Art Unit: 3653
Filed: November 21, 2001) Examiner: Jonathan R. Miller
For: *Articulating Disc Screen Apparatus*)
for Recyclable Materials)

AMENDMENT

MS - AMENDMENT-NO FEE
Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

In response to the first Office Action mailed January 21, 2004, please make the following changes to the above-captioned patent application:

RECEIVED
FEB 20 2004
GROUP 3600

02/18/2004 HVUONG1 00000115 10044222

01 FC:2202 90.00 OP
02 FC:2201 43.00 OP

10/044,222
2760-047

OA 1 Response

Please type a plus (+) sign inside this box -

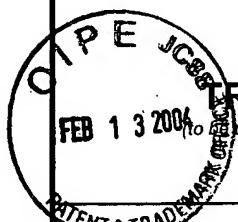
PTO/SB/21 REV 1 (2/97)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

36534



TRANSMITTAL FORM

FEB 13 2004 (to be used for all correspondence after initial filing)

NUMBER of Pages in This Submission

	Application Number	10/044,222
	Filing Date	11/21/2001
	First Named Inventor	Robert M. Davis
	Group Art Unit	3653
	Examiner Name	To be Assigned
	Attorney Docket Number	2760-047

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Checklist and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> POSTCARD
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

Remarks:

Transmitted herewith in response to the first Office Action mailed January 21, 2004, are the following: Fee Transmittal Form, in duplicate, with \$133 Check for Required Fees (\$43 for one excess independent claim, \$90 for ten excess total claims); Amendment (11pgs); Change of Attorney's Address; and a postage pre-paid return postcard..

RECEIVED

FEB 20 2004

GROUP 3600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	(Atty)	Michael H. Jester Reg. No. 28,022 The Law Offices of Michael H. Jester	
Signature			✓
Date		Feb 9, 2004	✓

CERTIFICATE OF MAILING

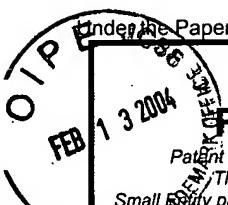
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

MS - AMENDMENT^s FEE, Honorable Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date:

Feb. 9, 2004 ✓

Typed or printed name	Michael H. Jester		
Signature		✓	Date 2-9-04 ✓

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**FEES TRANSMITTAL**

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 1997.

Small entity payments **must** be supported by a small entity statement.
Otherwise large entity fees must be paid. See Forms PTO/SB/09-12
See 37 C.F.R. §§ 1.27 and 1.28

Complete If Known

Application Number	10/044,222
Filing Date	November 21, 2001
First Named Inventor	Robert M. Davis
Examiner Name	Jonathan R. Miller
Group / Art Unit	3653

TOTAL AMOUNT OF PAYMENT \$ 133.00

Attorney Docket No. 2760-047

METHOD OF PAYMENT (check one)

FEE CALCULATION (continued) FEB 20 2004

GROUP 3600

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number: 50 0626
Deposit Account Name: Michael H. Jester

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance. 37 CFR 1.311(b)

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1) (\$)			

2. EXTRA CLAIM FEES

Claims below	Fee Paid
Total Claims	$\frac{30}{30} - \frac{20}{20} = \frac{10}{10} \times \frac{9}{9} = 90.00$
Independent Claims	$\frac{4}{4} - \frac{3}{3} = \frac{1}{1} \times \frac{43}{43} = 43.00$
Multiple Dependent Claims	$= \frac{\quad}{\quad} \times \frac{\quad}{\quad} = \frac{\quad}{\quad}$

** or number previously paid, if greater; For Reissues, see below

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description
1202	18	2202
1201	86	2201
1203	290	2203
1204	86	2204
1205	18	2205
SUBTOTAL (2) (\$)		133.00

3. ADDITIONAL FEES

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	147	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385

Other fee (specify)

Other fee (specify)

SUBTOTAL (3) (\$)

*Reduced by Basic Filing Fee Paid

SUBMITTED BY**COMPLETE (if applicable)**

Typed or Printed Name	Michael H. Jester,	Reg. Number	28,022
Signature	<i>M H. Jester</i>	/ 2-9-04 Date	✓ Deposit Account User ID 50 0626